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Abstinence Based Sex Education: A Mixed-Method Evaluation Of Experiences With And The Effectiveness Of Sex Education In The Deep South

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ABSTINENCE BASED SEX EDUCATION:

A MIXED-METHOD EVALUATION OF EXPERIENCES WITH AND THE EFFECTIVENESS OF SEX EDUCATION IN THE DEEP SOUTH

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ABSTRACT

This project examines the effectiveness of federally funded, abstinence-based sex education programs. It evaluates students' experiences with sex education programs that have been, in some cases, proven to provide medically inaccurate information. Using a mixed-method online survey, this study focuses on undergraduate college students in Sociology 101 courses at the University of Mississippi. The online survey, which has both quantitative and qualitative elements that assess students' sex education experience, what they remember being taught and what they wish they would have been taught. The results of the study highlight important shortcomings in current sex education programs in the Deep South, and it shows the need for more comprehensive sex education that will ensure safety and health of students.

DEDICATION

This thesis is dedicated to my family—thank

you for always supporting my crazy decisions.

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First, I would like to thank my wonderful husband Justin for supporting me during this process, I could not have done this without you. You are the best partner one could ask for and I am really lucky to have you by my side. Also, thank you to my parents, Richard and Linda Greger for the support and phone calls when I needed it the most.

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CHAPTER I: INTRODUCTION

This project examines the effectiveness of federally funded, abstinence-based sex education. My research questions are 1) How do public schools in the South (Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Tennessee, and Texas) teach sex education? 2) What are students taught about sexual health, sexuality, contraceptives, and available health resources? 3) How do students understand their sexual health and sexuality? 4) How effective is abstinence-only sex education according to students? I hypothesize that the information students are exposed to about sex education and their bodies limits their ability to make an informed choice when it comes to sex and sexual health. I also hypothesize that students are not being taught about sexual health, sexuality (other than heterosexuality), contraceptives, and available health resources in abstinence-only programs.

Sex education in the United States changed drastically following the 1996 Welfare Reform Act in which guidelines specifying and privileging abstinence as the primary type of sex education to be taught in schools was connected to states' ability to receive federal dollars. In 1996, President William Clinton signed the 1996 Welfare Reform Act, which repealed the Social Security Act of 1935, also known as the Aid to Families with Dependent Children (AFDC) (Walcott, Chenneville, and Tarquini 2011). Previously, the AFDC provided money to children in need who were not receiving proper and necessary financial support from their parents or guardians (ASPE 2009). The 1996 Welfare Reform Act enabled the federal government to reduce spending on welfare programs by changing the requirements necessary to receive benefits

(ASPE 2009). Section 513 ("Personal Responsibility") of the WRA listed guidelines for the implementation of sex education in public schools. The guidelines for abstinence-based sex education were a small part of the Welfare Reform Act. These guidelines specify abstinence as the only type of sex education to be taught in schools (Social Security Act, Section 513). If states seek federal funding for a sex education program, then the state must follow these guidelines (Raymond, Bogdanovich, Brahmi, Cardinal, Fager, Frattarelli, Heacker, Jarpe, Viera, Kantor, Santelli 2008). This project seeks to explore whether there is a link between this reductionist form of sex education and ill-informed students on subjects related to sex health, contraceptives, etc.

According to the Guttmacher Institute (2016), 45 percent of pregnancies in the United States are unintended. These unintended pregnancies stem from the incorrect or inconsistent use of contraceptives (Guttmacher Institute 2016). As of 2010, Mississippi's 62 percent rate of unintended pregnancies was among the highest in the United States (Guttmacher Institute 2016). This and other states' statistics raise questions about the effectiveness of abstinence-based sex education programs, which are the primary form of sex education in the Deep South (Stanger-Hall and Hall 2011). In addition, queries emerge about the ability of public education in these states to teach the practical aspects of sex education. For example, how are students being taught about their sexual health, contraceptives, and available health resources since abstinence-based programs limit the topics that teachers are permitted to cover in the classroom (Stanger-Hall and Hall 2011)?

In the United States, a considerable number of debates have occurred about how sex education should be defined, what it should include, and who should teach it. Abstinence-based sex education in the United States is defined by the federal government through the Personal

Responsibility subsection of the Social Security Act 513 (Walcott, Chenneville, and Tarquini 2011). In this section of the Act, called the A-H guidelines, the federal government defines abstinence as a program that:

> A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity; (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children; (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity; (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects; (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society; (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity (Social Security Act 510).

According to the Social Security Act 510, abstinence-based sex education can be taught in two different ways: abstinence-only and abstinence-plus. Abstinence-only sex education focuses on abstinence as the main way to prevent sexually transmitted diseases and pregnancy (Dutty, Lynch, Santinelli 2008; Walcott, Chenneville, and Tarquini 2011). In some states, including those in this study, abstinence-only curriculum can include discussion about non-hormonal contraceptives, but teachers are not allowed to physically demonstrate to students how to use contraceptives, such as condoms (Stanger-Hall and Hall 2011). Abstinence-plus education is similar to abstinence-only, but with abstinence-plus, educators can fully discuss and show contraceptives (Wiley 2002). Contraceptives are encouraged along with abstinence in abstinence-plus curricula. Abstinence-plus programs are typically more comprehensive than abstinence-only education, but this varies among programs (Realini, Buzi, Smith and Martinez 2010). Sometimes, abstinence-plus programs are called comprehensive sex education programs

because they cover more information about general sex education than do other abstinence programs (Garcia 2009).

My interest in this research stems from my experience in California's sex education program. In high school, I received sex education in my health class. It was a quick and simple introduction to sex education and sexual health. In that class, students were taught to say "no" by putting their hands up, shaking their heads, and verbally saying "no" to sexual advances. Students were not taught what to do if saying "no" did not suffice. Moreover, we were not informed about what to do in the event of sexual assault or what constitutes sexual assault. While contraceptives were briefly mentioned, I was taught that the correct answer to someone trying to initiate sexual activity was always "no." In short, my class did not give me the knowledge nor tools to make well-informed decisions concerning sex as a consenting adult. Even though California had a sex education program independent of federal guidelines, I clearly experienced a lack of education on multiple fronts. This precipitated further curiosity about whether differences on sexual education, both at a federal and state level, existed. Subsequently, if these differences exist, what implications do they have on states that do rely on federal funding for sex education like many in the Deep South do?

CHAPTER II: LITERATURE REVIEW

Peter Berger and Steven Luckmann's theory of social construction of reality and knowledge provides the theoretical foundation for this research project. This theory explains why the social reproduction and creation of reality is relevant to sex education in schools. In addition to Berger and Luckmann (1966), the sociologists I will utilize to inform my research regarding the misinformation reproduced by sex education in the United States are Sinikka Elliott (2014), Lorena Garcia (2009), Jackie West (1999), and Sarah Smith (2012).

Berger and Luckmann's (1966) theory on the social construction of reality is important in understanding sex education because social realities are established through processes of socialization. The beliefs, rules, and values that comprise the social reality are reified through the process of socialization and over time, become second nature. This socialization starts in institutions and is reaffirmed and reproduced through policies and education (Berger and Luckmann 1966). The U.S. government has provided the policies and guidelines for what sex education is and "should" be, and this reality is then reproduced through education. These guidelines for abstinence-based education are transferred to students who then internalize the meaning of sexuality and sexual health and what it should be, thus creating a collective reality.

Once a piece of knowledge has been typified, the "process of creating standard social construction based on standard assumptions" is then utilized by individuals (Berger and Luckmann 1966:54). It takes time for people to learn and teach the rules to the following generations. After the knowledge becomes tradition, it resists change (Berger and Luckmann

1966). A person's knowledge, at this point, has been reaffirmed multiple times and has become part of their reality (Berger and Luckmann 1966). Education contributes to this common knowledge, rendering sex education no different than other forms of knowledge.

In the United States, one aspect of common knowledge reproduced by sex education is gender stereotypes and norms. According to Sinikka Elliott (2014), sex education teaches students differences between men and women that are highly gendered. Elliott's (2014) article describes an exchange between a health teacher and the students. The teacher is giving a lesson to girls about how to refuse sexual advances from boys. He asks the students which partner usually decides how far a sexual encounter will progress, to which one student responds, "girls" (Elliott 2014:216). Then the teacher replies, "'That's right. Guys will go as far as you let them, so you have to be in control, girls, if you want to keep things from just happening'" (Elliott 2014:216). This lesson pushes the responsibility of being sexually safe onto the girls while simultaneously legitimizing reckless behavior by boys. In this example, boys are also being stereotyped as sexually forward and having no self-control. In this health class, the students are categorized into their "proper" roles as boys and girls. In addition, these roles overlook entire aspects of sexuality by presuming heterosexual norms.

Additional perceptions about gender are idealized and reinforced though sex education. According to Lorena Garcia (2009), females are taught that taking charge of sexual interactions is negative, and that only males are allowed to be active in their sexuality. Likewise, males show their privilege by using homophobic taunting, whereas females are taught to be demure (Garcia 2009). Additionally, women are often expected to be more educated about sex than men. Jackie West (1999) writes that the students she interviewed felt more comfortable talking about sex with a female; she equates this to the fact that women are associated with reproduction. This

expectation means sexual health and safety is largely a woman's responsibility. Not only are women made solely responsible for sexual health, mothers are also responsible for their children's sexual health (Smith 2012).

Students around the United States are learning about their bodies and sexual health from a variety of sources, such as schools, parents, peers, and media; these sources, however, do not always provide accurate and consistent information. In some cases, the disparities between educational informants creates parents who desire the removal of sex education completely from schools, so their children can learn this information through their parents (West 1999). However, students may be misinformed if their primary source of sex education is through the home (Elliott 2010). Parents may have received inadequate sex education themselves or may be uncomfortable discussing sex with their children (Smith 2012 and Elliott 2010). Communicating misinformation between parents and their children not only increases the risk for students, but can result in students looking to their peers for information about sex.

Like parents, peers can also be a poor resource for knowledge about sex education. If the students have not had informed sex education, they are likely to have even less information than their parents. Not only can students spread inaccurate information, but the responsibility of teaching peers may cause them unnecessary stress. According to Smith (2012), students run the risk of being bullied and harassed for the questions they ask about sex. Students need a safe place to learn sex education from a properly educated source. Peer pressure can add unnecessary stress for the students to learn about sex.

The media are another unreliable resource for students to receive information regarding sex. For example, magazines are a popular type of media that many teen girls use to learn about what it means to be female and sexually active (Hickey 2012). Magazines often give tips on sex

positions, how to be a better lover, and attracting the opposite sex (West 1999). Magazine publishers know what teenagers are looking for when it comes to sex and they use this to sell their product (West 1999). Magazines are focused on being provocative rather than on providing accurate information for young readers (Hickey 2012).

While sociologists have addressed some issues surrounding sex education in schools and the home, research by public health scholars is also important to consider. These scholars have identified several problems that may be associated with abstinence-only and abstinence-plus sex education. The most prominent problems include: the heteronormative federal guidelines, the promotion of marriage as the only viable relationship option for adults, and the inaccuracy of medical information in federally funded curricula (Jefferies IV, Dodge, Bandiera, Reece 2010).

The A-H federal guidelines reinforce cultural heteronormative stereotypes that erase LGBTQ+ students from sex education curriculum. The guidelines state that the ideal type of sexual relationship is a monogamous, heterosexual marriage (Santelli, Ott, Rogers, Summers, Schleifer 2006), which excludes lesbian, gay, and bisexual sexual orientations as well as sex between unmarried partners. Sarah Smith (2012) notes, "At the structural level SBSE [school-based sex education] has been found to endorse a particular set of cultural messages about sex and sexuality that reinforce patterns of inequality" (p. 526). Reifying heterosexuality and marriage more generally is damaging to students who do not identify as heterosexual; these guidelines do not give LGBTQ+ students an opportunity to receive information about how to practice safe sex.

By focusing on abstinence as the only way to prevent pregnancy and sexually transmitted diseases, abstinence-based sex education programs in the United States draw focus away from educating students about contraceptives and safe sex. According to Douglas Kirby (2008),

abstinence-until-marriage programs do not decrease students' overall sexual activity, nor do they increase their use of contraceptives. Rather, sexually active students who are not properly informed about contraceptive use are at increased risk of getting pregnant, as well as having and spreading sexually transmitted diseases.

Some students, guided by their religious faith and teachings about abstinence, take pledges to stay virgins until marriage (Hickey 2013). A virginity pledge is "a written statement of intent that stipulates that the signatory will not have sex prior to marriage" (Hickey 2013:23). Unfortunately, this does not mean virginity pledges are effective at preventing sexual activity. Research suggests that students are likely to engage in intercourse within 18 months after making the pledge (Santelli et al. 2006). Additionally, students who take the virginity pledge are more likely to engage in unprotected sex (Santelli et al. 2006). While students who did not take the virginity pledge were also likely to engage in unprotected sex, those who made pledges were less likely to visit a doctor if they discovered they had a sexually transmitted disease (Santelli et al. 2006). Based on these findings, it appears that students who are either in abstinence-based programs or who take a virginity pledge do not receive a comprehensive sexual education, and therefore, are unlikely to engage in safe sex practices.

According to Stanelli, Ott, Lyon, Rodgers, Summers, and Schleifer (2006), many abstinence-based curricula are not medically accurate. Stanelli et al. (2006) cite a report from the Committee on Government Reform by the U.S. House of Representatives, in which they found inaccuracies in sex education curricula:

> The report found that 11 of the 13 curricula contained *false, misleading, or distorted information about reproductive health, including inaccurate information about contraceptive effectiveness, the risks of abortion, and other scientific errors.* These curricula treat stereotypes about girls and boys as scientific fact and blur religious and scientific viewpoints (p.76, emphasis mine).

Despite the lack of accurate information in these sex education programs, 48 states since 1993 have chosen to utilize an abstinence-based curriculum (Lieberman and Su 2012). One popular abstinence-based curriculum that has met the A-H guidelines and is government-approved is "Choosing the Best Program" (Lieberman and Su 2012). However, when Lieberman and Su (2012) evaluated this program for effectiveness, they found that it only worked for a limited time. Students in the "Choosing the Best Program" who were previously sexually active delayed sex for up to one year; however, they resumed sexual activities after the year (Lieberman and Su 2012). Abstinence-based curricula have short-term effects but are ineffective in the a long-term prevention of sexual activity and in educating students about diseases.

Abstinence-based sex education programs have also been criticized by those in government. In 2001, the U.S. Surgeon General David Satcher, M.D., Ph.D., wrote a Call to Action letter to discuss the shortcomings of abstinence-based sex education. In this letter, Satcher (2001) writes about the importance of sexual health and the physical and mental problems that come with poor sexual health. He argues that abstinence-based programs do not provide enough education to encourage a healthy dialogue about sex and sexual health (Satcher 2001). Satcher (2001) also writes in this letter how different organizations and people can begin the change to a healthier sex education program. Despite the Surgeon General's arguments against abstinence-based sex education in 2001, there were no changes in how the government oversaw their abstinence-based programs. States continue to get funding for these programs, even though they have been discredited (Satcher 2001).

In the states included in my research – Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Tennessee, and Texas – abstinence-based sex education is heavily stressed (Guttmacher 2017). Each state listed has different laws regarding how sex education is

to be taught, at what age, and if HIV education will be included in the curriculum. Overall, these inconsistences create issues because students from different states are not learning the same information, increasing the possibilities for a gap in their sex education. Not only are there inconsistencies in the sex education curricula, but none of the states that I am examining require the information provided to students to be medically accurate. This is illegal according to the Welfare Act of 1996 (Guttmacher 2017).

Table 1. State Requirements for Sex Education and HIV Education

	Sex Education Mandated	**HIV Education Mandated**	**Medically Accurate**	**Be Age Appropriate**
Alabama		X		X
Georgia	X	X		
Florida				X
Louisiana				X
Mississippi	X			X
South Carolina	X	X		X
Tennessee	X	X		Only when discussing HIV
Texas				X

This table includes state requirements for sexual education.
Source: Guttmacher Institute, 2018.

Table 2. State Requirements for Sex Education and HIV Education

	Cannot Promote Religion	Include Information on Contraception	Abstinence	Importance of Sex Only Within Marriage	Sexual Orientation
Alabama		X	Stressed	X	Negative
Georgia			Stressed	X	
Florida			Stressed	X	
Louisiana	X		Stressed	X	
Mississippi			Stressed	X	
South Carolina		X	Stressed	X	Negative
Tennessee			Stressed	X	
Texas			Stressed	X	Negative

This table includes state requirements for sexual education; Source: Guttmacher Institute, 2018.

As Figure 1 below suggests, the unintended pregnancy rate in the sates of the Deep South (Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Tennessee, and Texas) exceed the national average of 45 percent. Additionally, unintended pregnancies are expensive for both federal and the state government. A state pays some of the costs per unintended pregnancy, but the federal government pays a larger share (see Table 3).

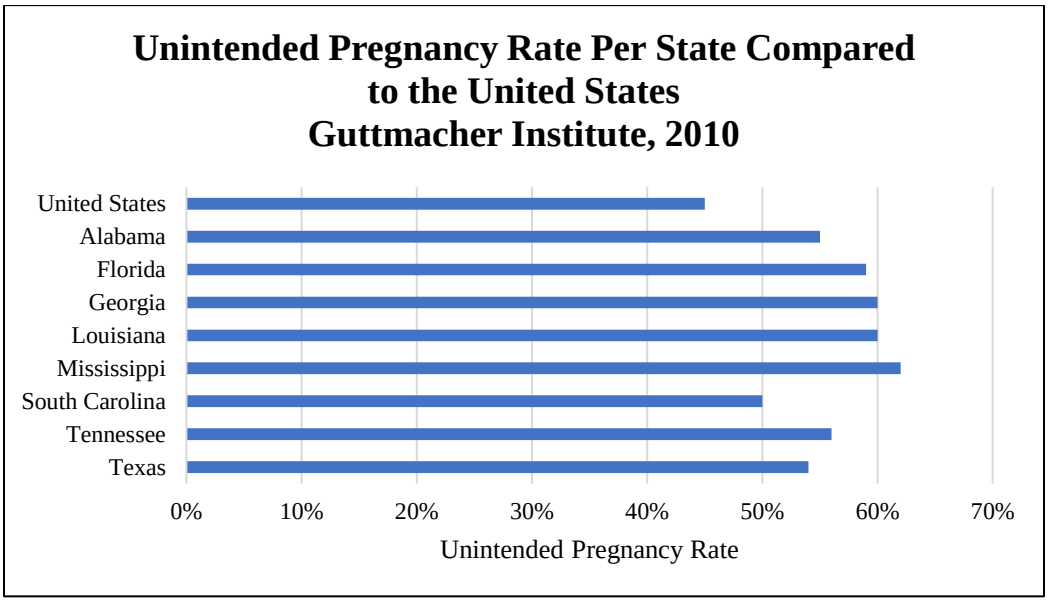

Figure 1

Thus, it appears that the sex education for which the federal government pays through the 1996 Welfare Reform Act is expensive as well as ineffective.

Table 3. Total Cost of Unintended Pregnancies in 2010

	Federal (in millions)	State (in millions)	Total
Alabama	$250.5	$72.6	$323.2
Florida	$892.8	$427.1	$1,320.0
Georgia	$687.7	$229.7	$917.4
Louisiana	$530.4	$120.6	$651.0
Mississippi	$226.7	$40.4	$267.1
South Carolina	$327.3	$84.0	$411.3
Tennessee	$400.0	$130.7	$530.7
Texas	$2,057	$842.6	$2,899.6
Total	$5,372.4	$1,947.7	$7,320.3

This table includes state's total cost of unintended pregnancies.
Source: Guttmacher Institute, 2015.

CHAPTER III: METHODS

After considering focus groups, interviews, and a survey, I settled on a mixed-methods approach for this study. With my unit of analysis being individual college students, and my primary interest being those from the South, I recognized that discussions of sex and sexual health might be difficult or uncomfortable given the cultural context of the South. Because of this, I ruled out focus groups and face-to-face interviews. I chose online forms of communication because the literature demonstrates this to be an effective way to collect sensitive data (Woodyatt, Finneran, and Stephenson 2016). Online modes of research have been found to enhance participation and to make participants feel more comfortable (Woodyatt et al. 2016). Because students could access the survey online, they were able to answer questions in the comfort and privacy of their own homes. To encourage participation, I made the survey format such that students could respond easily by using their cell phones. The survey was structured to include qualitative questions to permit students with fuller opportunities to discuss their experiences, as well as quantitative questions to capture their demographic information and get information from other types of short-answer questions.

I used Qualtrics to create the survey. I asked for demographic information including: age, gender, race, location, and religious affiliation, as well as questions about sex education. These questions could be answered from drop-down lists or simply by checking boxes. Additionally, there were short-answer questions that asked students about their beliefs on sex related topics,

their sex education experience, what they remember being taught, and what they wish they had been taught.

I obtained respondents by going to Sociology 101 (Introduction to Sociology) classes. To ensure my sample would be representative of the population, I inquired about the make-up of Sociology 101 classes from Dr. Kirsten Dellinger, the chair of the Department of Sociology and Anthropology and one of my thesis committee members. Dr. Dellinger informed me that there are roughly 700 undergraduate students enrolled in Introduction to Sociology courses each semester. This large pool of students ensured a diverse representation of students from different academic majors and regions in the United States.

After receiving IRB approval, I asked and received permission from six Sociology 101 professors in nine sections who agreed to allow me to speak to their students about my study. Thus, I was able to contact 50 percent of the Sociology 101 students who took the course in Fall 2017. While my focus was first on students from Mississippi, 40 percent of the University's students are from out-of-state (University of Mississippi 2017). Because of this, I expanded my sample to include students from the Deep South. I reasoned that if out-of-state students came from similar places like Mississippi then they would be more likely to have experienced similar sex education. However, I did accept responses from the entire United States with an initial intent that I could do a comparison between students in the Deep South and elsewhere. I selected Sociology 101 students because they are predominantly freshman and sophomores and would have more recently attended high school and received high school sex education. I thought this would mean students would have fresher recollections about sex education classes than would other demographic groups at the university.

Data Collection

Pilot study

In advance, I administered a pilot study to be sure that my survey questions were clear enough to provide answers to my research questions. One professor agreed to allow me to come to his course and ask the students for participation. I emailed the link to the professor and the professor emailed it to the students. After students had a 24-hour period to respond, I checked the responses I had received and discussed them with my thesis chair, Dr. Willa Johnson. We reviewed the responses and decided they were satisfactory to address my research questions. I then opened my survey up to the remaining eight sections of Sociology 101 classes for the rest of the two weeks. I used the pilot study data in my analysis once the data collection was complete.

Full data collection

With the approval of the remaining Sociology 101 professors, I visited their classes, introduced myself and my research, and asked for student participants (see script in Appendix C). I sent professors a script explaining my project that they could email to the students with the link to the online survey (Appendix B). Some professors used the script, but others made modifications to include assignment guidelines if they were providing an extra-credit opportunity. In classes where students were allowed to receive extra credit, professors offered a comparable assignment to non-survey participants. Out of the six professors, only two of the six professors did not offer extra credit. In total, I contacted 573 students and received 300 responses (52.4 percent response rate). Because the survey opened at the end of the semester, each professor gave a different time limit for the students to complete the survey in order to receive participation credit, but on average, students had one week. Once the students had access to the survey, they were required to give consent before they could proceed to answer the questions.

To protect the participants' identities, I collected student identification numbers and email addresses only for the benefit of professors who wanted to give participants extra credit. I downloaded the identification numbers and email addresses into a PDF file and emailed it to the professors. Once I let the professors know about their students' participation, I deleted all personal identifying information from the survey and coded the data without this information. I kept all data in a password-protected file on Qualtrics and a duplicate in Dropbox, which is also password protected.

Data Analysis

For this study, the individual student was the unit of analysis. The independent variable was sex education models (abstinence-only and abstinence-plus) and the dependent variables were students' attitudes, knowledge, and behaviors toward sex education. Since there are two components to the data analysis, one qualitative and the other quantitative, I discuss how I coded data separately below.

Coding qualitative data

I coded the qualitative data for themes about how sex education affected students' knowledge, views and actions towards sex, sexual health, virginity, and sexuality. I worked inductively by using the data to guide my analysis and themes. In some cases, I used the students' words and responses to create codes and themes. To verify that I had reached saturation, I counted to see how many responses I had for each theme. This guided how I organized my themes for each question. In order to organize my responses, I exported my raw survey data into an Excel spreadsheet. Then I separated qualitative and quantitative questions and put them into separate documents. The qualitative questions were then segregated into individual spreadsheets. Each question had its own file. I read the responses and then coded

based on the themes for that question. I created a separate Excel file to hold all of my codes and their corresponding number for each question.

Not all questions were coded inductively; there was one that used an outside source to guide my analysis. Question number 49 asked students to describe sex in five words, and many of the words referend to emotions. Thus, the Junto Institute's emotion wheel was utilized to code responses to question number 49 in conjunction with inductive analysis (Chadha 2016). The emotion wheel describes a spectrum of feelings in six categories (Chadha 2016). This helped me categorize the different emotions that participants expressed when stating the five best words that describe sex. For example, one participant described sex as "sentimental, intimate, moderate, cautious, cynical"; I coded this set of responses as Happy "1", Joy "6", and Fear "2".

After coding the qualitative data into themes, I then prepared the data to export into SPSS. If the response had mentioned a theme, I assigned a "1"; if it did not mention a theme it received a "0". Once each theme for each question had been recoded into binary, I then began coding the quantitative data.

Coding quantitative data

The quantitative questions were coded automatically by Qualtrics with numbers that corresponded to the prewritten answers. For example, the question that asks a students' class standing was coded as "1" if Freshman, "2" if Sophomore, "3" if Junior, and "4" if Senior. The "select all that apply" questions were divided into all of the possible responses for that question and then coded in binary – "1" for yes, if the participant had selected it and "0" no, if the participant had not selected it.

Analysis

After both the qualitative and quantitative questions were combined in Excel, I uploaded the data into SPSS to create a large dataset encompassing all of my codes and responses. I organized and cleaned the data to make them fit for analysis. I used SPSS to provide analysis and student responses for the context of the analysis.

Since I had received an insufficient number of students from other states, I chose to focus on those in the Deep South. So, once all of the data were merged in SPSS, I divided the information about region into "Deep South" or "not Deep South" and I created a new variable called Deep South. This new variable was coded as "0" for Not Deep South and "1" for Deep South. This step ensured that I analyzed only responses from students from the Deep South states.

To better understand my data, I ran frequency tables for each question and created tables for each one in Microsoft Word. I started with the demographic data categories: sexuality, race/ethnicity, age, class standing, marital status, high school education, and the participants' home state. I did not include the county, the school district, or the name of the high school. I excluded the county names because many of the participants appeared to misread "county" for "country" and replied, "U.S.A." or "America". Therefore, I also excluded county-related questions asking school district and high school name. I was more interested in state-level data rather than students' exact location. After the frequencies were run for the qualitative questions, I created tables for each question in Microsoft Word. This allowed me to see patterns in the themes and which survey questions best addressed my three research questions.

In order to answer my three research questions, I compared survey questions to either region ("Deep South" or "Not Deep South") or gender. For the first research question, I looked at

the Deep South variable and what students were taught, as well as how they felt about their sex education. In question two, I looked at what the students in the Deep South had learned about contraceptives and safe sex methods. For the third research question I looked at the five words that best describe sex, according to the participant, and the responses that correlated with what they were taught.

Creating new variables was necessary to better understand the student's responses and their feelings towards sex education. To assess whether a participant mentioned learning about disease, abstinence, contraceptives, safe sex, or reproduction, I took the questions that I asked about topics learned in sex education. I then combined them to create a new variable to assess whether or not it was mentioned at any point in their education. To do this, I summed questions regarding each topic to see whether the participant mentioned the topic at any point in the survey. So, if a respondent had a zero-summated score, this indicated they did not mention learning the topic at all. A score of one or more demonstrated they had some familiarity with the topic.

In order to understand how students viewed information regarding sexual assault, I used the inductively coded themes from students: police, hospital, Title IX, rape kit, and counseling. I then ran frequencies to determine the percentage of students who mentioned those themes. While I wanted to see how many students had referred to each topic, I was also interested in knowing whether students addressed more than one category in their answers. Since this question was coded into binary, I used the data to create an index of knowledge based on the topics they identified. If the students did not mention any of the five topics, they received a zero, but if they noted one or more topics they could receive a score of one through five. A score of five meant

the students had the fullest understanding about what to do if they, or a friend, were sexually assaulted.

In order to answer my third research question, what students wished they had learned from their sex education class, I combined the 228 responses the question received to create the following six categories: contraceptives/pregnancy, learned enough, what to do if, safe sex homosexual, and consent. For each category I created a new variable and then combined similar themes to create a main theme. For example, the topics within the category "contraceptive or pregnancy" includes themes that describe wanting to know more about contraceptives, pregnancy, menstrual periods, and other topics associated with reproduction. The category "learned enough" emerged from students who felt they had sufficient sex education. The category "what to do if" was a combination of responses in which students were asked what to do if they were pregnant, got a disease, or were sexually assaulted. This category included the theme "how to get to a doctor" and the fourth category was "how to". This consisted of how to have sex and how to get a doctor for check-ups and emergencies. The category "safe sex: homosexual" consists of responses from students who want-to know more about how to have safe sex in same-sex relationships. The category "consent" combined students who want to know more about giving consent and how to deal with the pressure to have sex.

CHAPTER IV: FINDINGS

In this chapter, I will first present the demographic characteristics of the study's respondents, and then explore my qualitative findings. Since the survey was heavily quantitative, the findings reflect the format of the instrument.

Demographic Characteristics

I received 300 student responses to my survey (a 52.4 percent response rate). Of the 300 participants, 217 were female and 83 were male. The data show that 95.4 percent of participants described themselves as heterosexual, and 4.6 percent identified themselves as lesbian, gay, bisexual, asexual, or pansexual.

Table 4. Descriptive Statistics of Deep South

	Female	Male	Total
Sexuality			
Heterosexual	67.5	26.3	
Bisexual	2.6	0.9	
Lesbian	1.3	0.0	
Gay	0.0	0.4	
Asexual	0.4	0.0	
Pansexual	0.4	0.0	
Total	72.4	27.6	100.0
Race / Ethnicity			
White	53.5	21.1	
Black or African American	14.9	6.6	
Asian	0.9	0.4	
Hispanic	0.4	0.4	
American Indian or Alaska Native	0.9	0.0	
Spanish Origin	0.4	0.0	
Middle Eastern or North African	0.4	0.0	
Total	71.5	28.5	100.0

The table includes descriptive statistics by sexuality and race / ethnicity.
N = 228
Source: Survey, 2017.

Table 4 shows that nearly 75 percent of the participants were white and 21.5 percent were black or African American. There were also 1.3 percent Asian and 0.8 percent Hispanic respondents. Table 5 shows that almost all participants were between ages 18-24, which was expected because a majority of students in an introductory course are usually primarily freshmen and sophomores. The participants were also mostly single, with only 2.2 percent being either married or with a life partner.

Table 5. Descriptive Statistics

	Female	Male	Total
Age			
18 - 24	71.8	27.8	
25 - 34	0.4	0.0	
Total	72.2	27.8	100.0
Class Standing			
Freshman	37.9	14.5	
Sophomore	24.7	9.3	
Junior	6.2	3.5	
Senior	3.5	0.4	
Total	72.2	27.8	100.0
Marital Status			
Single (never married)	70.6	26.8	
Married, or in a Domestic Partnership	1.3	0.9	
Life Partner	0.4	0.0	
Total	72.4	27.6	100.0

This table includes descriptive statistics by age, class standing, and marital status. N = 228
Source: Survey, 2017

Figure 2 below shows the division between Deep South (Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Tennessee, and Texas) and the non-Deep South. The map illustrates that 76 percent of the participants were from the Deep South and 24 percent were from elsewhere. The top three states represented were Mississippi (47.3 percent), Texas (9.3 percent), and Georgia (5.0 percent). The states with the fewest respondents were Virginia (0.3 percent), Utah (0.3 percent), and Pennsylvania (0.3 percent).

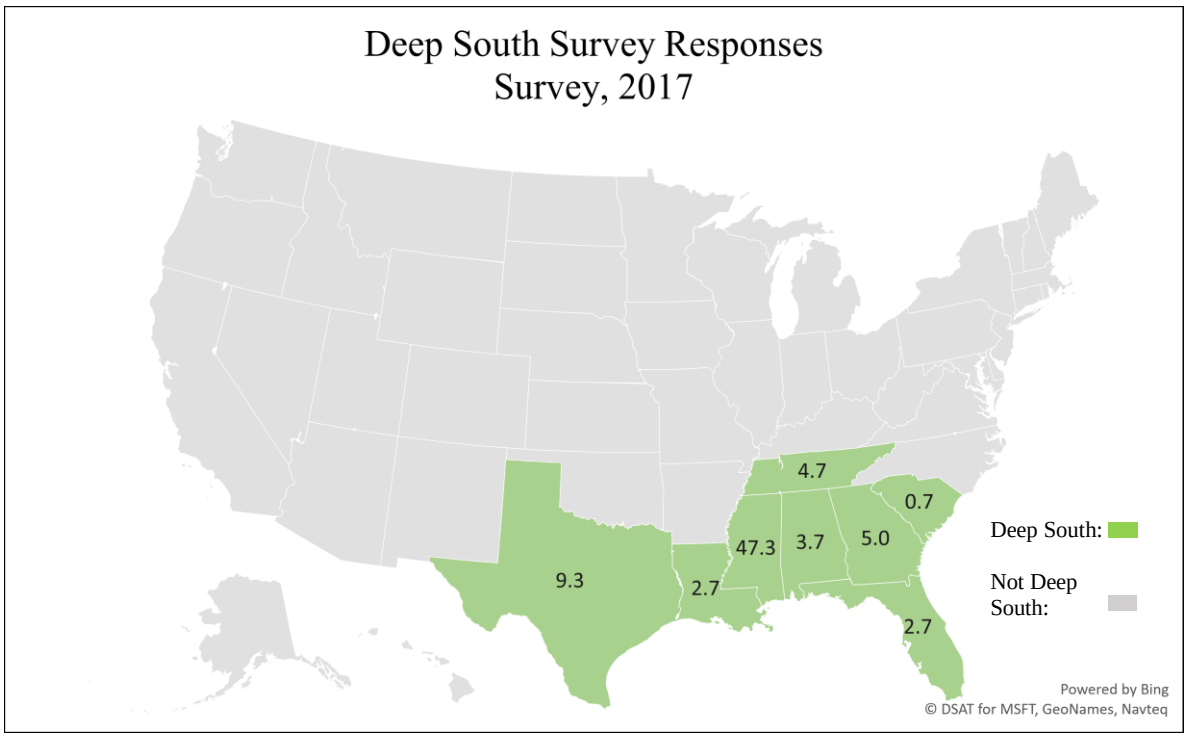

Figure 2

Even though I collected data from throughout the entire United States, from this point forward, I focus on the data from Deep South states. I set aside the remaining data collected for later use.

The data show that 96.2 percent of the participants identified as being raised in a religious household and of them, the majority were raised as Christians (Table 6). Hindu students comprised 7.1 percent of the survey's participants and 0.4 percent of the participants were Muslim. Of the remaining students 14.4 percent of respondents were not raised in a religious household, and 3.8 percent of the participants did not answer this question.

Table 6. Participants in a Religious Household

Denomination	Valid Percent Deep South
Christian	44.7
Protestant	22.8
Catholic	11.4
Nondenominational	1.8
Episcopalian	1.3
Evangelical	0.8
Greek Orthodox	0.4
Hinduism	0.9
Islam	0.4
Missing	15.5
Total	100.0

This table includes percentages for different denominations in the Deep South and All Other.
Source: Survey, 2017

Sex Education Topics in Schools

To answer my research questions, I first addressed what students in the Deep South learned about their sex education in high school. The five subjects that emerged from the survey were: disease, abstinence, contraceptives, safe sex, and reproduction.

Table 7. Percentage of Subjects Students Identified

Subjects	Valid Percent Mentioned	Valid Percent Not Mentioned
Disease	40.6	59.4
Abstinence	40.6	59.4
Contraceptives	33.9	66.1
Safe Sex	18.8	81.3
Reproduction	15.1	84.9

Table includes percentage of subjects mentioned in student's sex education. Percentages are total students that mentioned topic, with 36% of participants that did not respond. N= 192
Source: Survey, 2017

I expected more students not being taught about disease than about abstinence. I also expected contraceptives to be discussed less than reproduction in schools in the Deep South. Student responses primarily mentioned these topics when they wrote about their sex education experiences. A woman from Mississippi explained that in her education she learned primarily about diseases. She wrote, “We learned mostly about diseases as well as things we could spread. Sex was never seen as a good thing, really, but something that’s dangerous if we aren’t careful enough.” I was surprised to find that only 15.1 percent of the 192 participants who answered this question referenced reproduction. This number was much lower than I had anticipated.

Even though many students said they learned about contraceptives, out of 226 respondents, only 55.8 percent said they knew how to obtain and purchase contraceptives. This was expected because I assumed they had learned what the contraceptives were, but nothing further. Additionally, a remarkably small number, 57.9 percent of students, actually knew how to use them.

Table 8. Percentage of Contraceptives Identified

Contraceptives	Total Female Respondents	Total Male Respondents	Total Respondents
Abstinence	87.3	79.4	85.1
Implant	43.0	49.2	44.7
Patch	40.0	36.5	39.0
Pill	73.9	71.4	73.2
Shot	38.8	33.3	37.3
Vaginal Ring	35.2	30.2	33.8
Cervical Cap	15.8	17.5	16.2
Diaphragm	16.4	17.5	16.7
Female Condom	35.2	50.8	39.5
IUD	36.4	30.2	34.6
Male Condom	78.2	84.1	79.8
Spermicide	17.0	27.0	19.7
Withdrawal	49.7	50.8	50.0

Table includes percentages of contraceptives students identified learning about in their sex education class. N=228.
Source: Survey, 2017

Table 8 was developed based on responses to a question that was a "select all that apply" response regarding students' knowledge about different forms of contraceptives. The question asked students to choose as many forms of contraceptives as they could remember learning about. Abstinence was the most commonly known contraceptive with 85.1 percent of the 228 respondents in the Deep South. In contrast, the least known contraceptive was the cervical cap with only 16.2 percent of the 228 respondents who knew it. Considering the results of Table 7, where only 33.9 percent of students mentioned that they were taught about contraceptives, I was surprised by the results of the question described in Table 8. There are high percentages of

students who learned about contraceptives like the birth control pill (73.9 percent), male condom (78.2 percent), and withdrawal (49.7 percent); this contrasts with the small percentage of students who indicated learning about them in sex education. However, these results may be explained by a lack of differentiation on students' part between what they learned in school versus what they actually know now.

On the question about what safe sex methods students learned about (see Table 9), the majority of students from the Deep South did not learn anything about safe sex methods. The options provided in the survey were: dental dams, sex toys, mutual masturbation, and dry humping. This was expected because I have not seen safe sex methods like dental dams and sex toys discussed in other studies about sex education. In Tables 8 and 9, I show what students learned about both contraceptives and safe sex methods.

Table 9. Percentage of Safe Sex Methods Identified

Safe Sex Methods	Valid Percent Female Respondents	Total Male Respondents	Total Respondents
Dental Dams	41.2	39.7	40.8
Sex Toys	15.8	20.6	17.1
Mutual Masturbation	25.5	38.1	28.9
Dry Humping	29.1	25.4	28.1

Table number includes percentages of safe sex methods students identified learning in their sex education class. N=228.
Source: Survey, 2017

I asked where students learned about sex and sexual health outside of their sex education classes (see Figure 3). As expected, 83.3 percent out of 228 responses answered that they learned more about sex from friends than any other source. The second highest resource that they used to get information about sex was their parents with 58.8 percent out of 228 responses. I expected

family to have a higher ranking, but only 26.3 percent of participants said they received sex education from other family members.

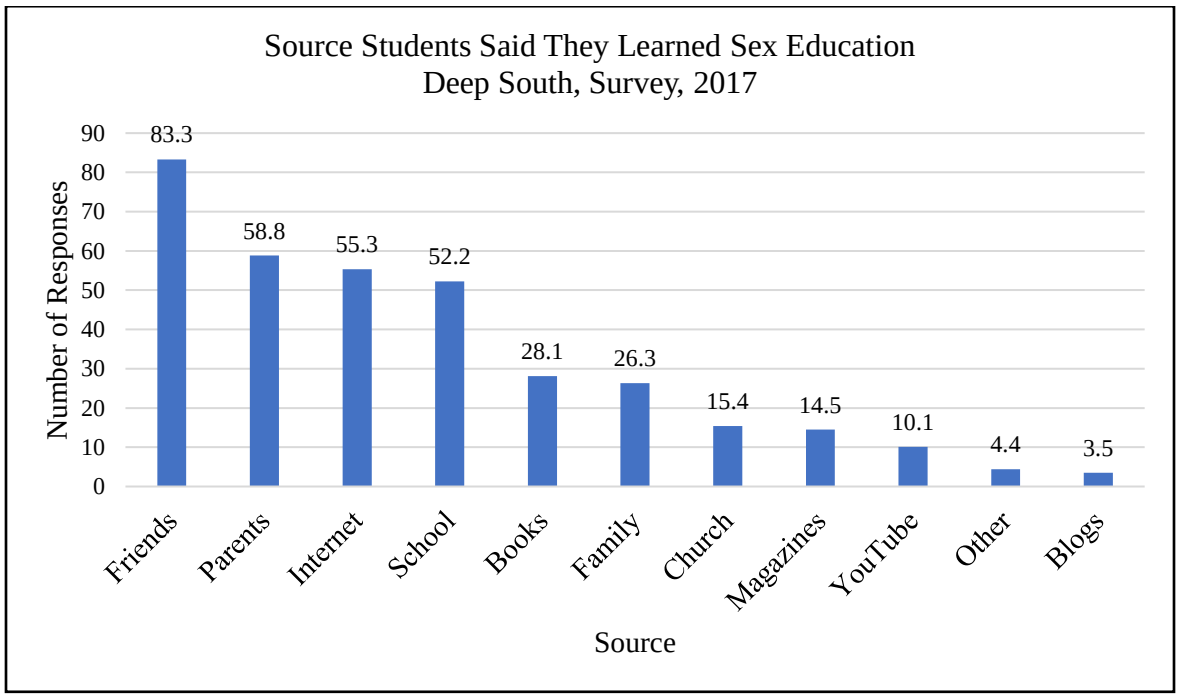

Figure 3

To understand how students felt about their sexual health and their sexuality, I asked questions regarding their feelings on the subject. One question required students to list five words that they associate with sex. Here, love was the most frequent response and anger the least frequent. To analyze this question, I used the emotion wheel and did inductive coding (Chadha 2016). The emotion wheel allowed me to determine the six main categories that student responses fell into. In addition to the terms included in the emotion wheel, religion, commitment, consent, indifference, and pregnancy were all themes discussed by students.

Table 10. Percentage of Feelings Named

Feelings Towards Sex		Total Female Respondents	Total Male Respondents	Total Respondents
Using Emotion Wheel	Love	66.9	51.7	62.7
	Joy	63.6	60.3	62.7
	Fear	31.1	17.2	27.3
	Sadness	4.6	5.2	4.8
	Surprise	1.3	3.4	1.9
	Anger	0.0	1.7	0.5
Using Student's Responses	Commitment	23.2	22.4	23.0
	Consent	6.0	22.4	10.5
	Religion	6.6	10.3	7.7
	Indifference	4.6	6.9	5.3
	Pregnancy	4.0	1.7	3.3

Table number details by percentage students' feelings about sex. N=209
Source: Survey, 2017

The above table shows how students from the Deep South feel about sex; these responses were organized by gender. Commitment was the top theme mentioned by students with 23.2 percent for females and 22.4 percent for males. Students also highlighted either marriage or being in a committed relationship. For example, a male student from Mississippi used the following five words, "pleasure, fun, heterosexual, relationship, trust." Another response from a male from Mississippi that expresses fear said, "Ignore, avoid, dismiss, guilt, marriage". There were also two other responses that referenced fear in some way. A female from Mississippi said, "risky, fun, healthy, frowned upon"; and a female from Alabama said, "scared, cautious, intimidated, uncomfortable, reluctant". These two females mention both the risk of sex and the fear associated with sex.

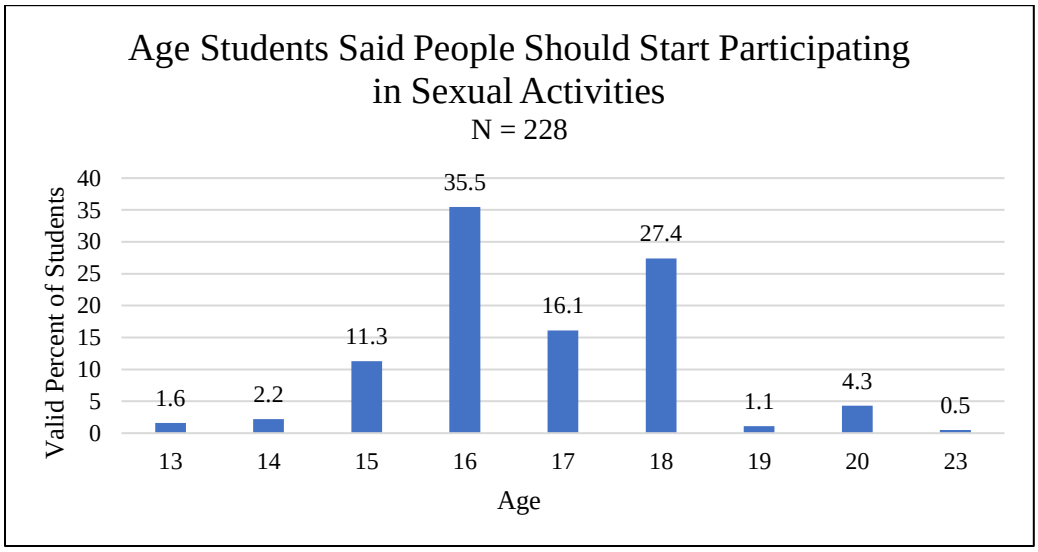

Figure 4

Figure 4 shows at what age students believe people should begin engaging in sexual activities. The two most common ages given were 16 and 18 years old. There was a large range of answers and there were some who did not reference a specific age. On the other hand, some students went beyond the question to write about their feelings. A woman from Texas wrote, "Honestly hard to say, I look at kids in middle school and think NO too young!! but thats [*sic*] when my peers began the activity . . . maybe in the teenage years would be more appropriate." Of those who did not provide an age, most students said when to engage in sexual activities was a personal choice. Others who did not provide an age replied, "when you are in love," "when you are in a serious relationship," or "when you are a teenager."

Sexual Assault

Using student responses, I created an index regarding the actions to be taken if a person is sexually assaulted. (See the explanation for the index in the Methods chapter). I asked five questions about sexual assault throughout the survey. I inquired about what participants knew about sexual assault and if they knew what to do if they or a friend were sexually assaulted. The

index reflects that students knew relatively little about sexual assault. However, there is a caveat. Because the question was open-ended, students may not have written everything that they know in their responses. Perhaps, formulating the question in the survey so that they could have selected all that applies would have provided a more accurate reflection of their knowledge. While filtering for the Deep South, I also ran a crosstabulation with different questions to compare what women and men knew about various topics related to sexual assault.

In response to the question, "Who can be sexually assaulted," 225 of the people from the Deep South who answered this question stated both women and men could be sexually assaulted (98.1 percent). All of the men who responded picked both, but 1.2 percent of the 162 women said only women as potential victims and 0.6 percent of the 162 women said only men could be sexually assaulted.

I also asked students if they knew what to do if they were sexually assaulted. Table 11 shows that students mentioned going to the police, going to the Title IX office on campus, getting a rape kit, going to the hospital, and getting counseling. One female respondent from Mississippi said, "Go to the cops or tell someone you're comfortable sharing it with." This was coded as police because she explicitly identified them.

Table 11. Percentage of Actions Students Knew to Do When Sexually Assaulted

Actions	Valid Percent
Police	41.2
Hospital	13.2
Title IX	11.8
Rape Kit	5.9
Counseling	4.4
Total	100.0

Table includes percentages of actions mentioned of what to do when sexually assaulted. N=228. Source: Survey, 2017

Table 12 shows an index of how many of these steps students knew and referenced in their response. If a student noted three or four of the actions, then they had a more comprehensive understanding of what to do about sexual assault compared to other students. Table 12 reveals that 38.0 percent of students did not identify any of the five actions in Table 11. There were a number of students who believed that fighting back was sufficient when sexually assaulted; a male from Mississippi wrote, "Yell and fight off the defender [sic]." A female Mississippian shared that she would "Gauge out his eyes with [her] fingers, or aim for groin area as hard as [she] can." While fighting off an offender might be an innate response in the moment, it does not reflect what should be done following a sexual assault or the resources that are available to a victim.

Students usually noted only one action (41.2 percent) and conversely, no students selected all five actions related to responding to a sexual assault. Contacting police was the most commonly mentioned reply and it was given by 41.2 percent of students. The least frequent response was going to counseling after being sexually assaulted (4.4 percent). One woman wrote sexual assault victims should "contact the police, go to the doctor, and possibly go to some kind of counseling". A male respondent replied, "I don't really know anything past calling the cops, but in most cases that probably wouldn't do anything."

Table 12. Sexual Assault Action Index

Number of Actions	Valid Percent
0	38.0
1	41.2
2	12.5
3	7.9
4	0.5
5	0.0
Total	100.0

Table includes the action index. N=214. Source: Survey, 2017

Perceptions about virginity

Students were asked what losing their virginity meant to them. I expected to receive comments regarding different sex acts, which I did, but I found that many students regarded virginity as a gift or a loss. Out of the students that answered, 17.1 percent referenced loss and 13.6 percent mentioned virtue/gift. The following quotes demonstrate the themes of loss, virtue/gift:

> "Losing the innocence you had and you can never get it back" Male, heterosexual, white, Mississippi.
>
> "That you are no longer a young lady and that I have basically lost all my innocence." Female, heterosexual, black, Mississippi.
>
> "Giving your body to the person you are having sex with." Female, heterosexual, white, Georgia.
>
> "Losing my virginity means to me that you can no longer give this special gift God has given you to anyone else. You want to save it for marriage and for someone you really truly love and care for." Female, heterosexual, white, Louisiana.

The above examples all originate from Deep South respondents, with 14.4 percent of students who referenced the terms "virtue" or "gift". "Loss" had a similar response rate with 18.1 percent of students who used this term. There was difference between males and females who mentioned these topics too. Women used the terms "virtue" or "gift", 12.0 percent and the word "loss" 15.3 percent. However, males used the same words ("virtue" or "gift") only 2.3 percent and "loss" slightly more, 2.8 percent.

What Students Want to Know

The survey asked students what they wished they had learned in their sex education. The purpose of this question was to help me to better understand students' needs from their perspectives.

Table 13. Percentage of Subjects Students Wish That They Had Been Taught

Subjects	Valid Percent Mentioned	Valid Percent Not Mentioned
Contraceptives / Pregnancy	32.0	68.0
Learned Enough	19.9	80.1
What to Do If	19.4	80.6
How To	15.5	84.5
Safe Sex: Homosexual	9.7	90.3
Consent	6.3	93.7

Table includes the percentage of subjects students mention wanting to learn in their sex education. Missing=22; N=228
Source: Survey, 2017

When asked what students wanted to learn more about, they stated they most wanted to learn more about contraceptives and pregnancy. A female southerner reported, "I wish they had given us contraceptives and percentages of pregnancy prevention." Another claimed, "I wish I had been taught that abstaining isn't the only true way to be safe. There are so many forms of contraceptives that make sex just as safe as if [*sic*] you were to abstain completely".

Eighteen percent of students out of the 228 students who answered the question said they had learned enough and did not indicate wanting to know more "I feel that I learned mostly everything", one female from Mississippi noted.

Students also showed interest in knowing more about sex between same-sex partners. One student remarked, "That there is way more forms of sex then [*sic*] just between a man and a woman and just penetration." Another quote comes from a Mississippian man who said, "What

different sexualities there were because I didn't know what demisexual was until I took this survey. And we were not taught what other sexualities do in a sexual manner, and even if we weren't gay we could at least get the facts."

Nearly the same number of students identified "what to do if…" scenarios. For example, some students wanted to know what to do if they got pregnant, others how to deal with contracting a sexually transmitted disease, and a third group was concerned about how to get a doctor if they were sexually assaulted. A woman from Texas wrote, "I wish I was taught more about sexual assault. They did not even bring up the term in sex education and sexual assault is a crime that affects an enormous amount of people." A female from Mississippi remarked:

> I wish I had been taught more about how the female body works and matures, how pregnancy works, how contraception works and what different kinds there are, how to get tested for STIs and when/how often to be examined by a doctor, what consent is and how to make your own choices about your body, what to do if you are sexually harassed, abused, or assaulted, how to obtain contraceptives without parent's permission, and how to make informed decisions about my sexual health.

This quote summarizes the "What to do if" and the "How to" themes that surfaced. A small number of participants, 6.3 percent of the 228 responses, noted wanting to know more about consent.

Overall, the findings of this survey were telling of the sex education that students from the Deep South received. As demonstrated by the literature, and as understood by the culture of the South, I was not surprised to find that students referenced learning about abstinence the most. I was shocked to find that the abstinence-based education contrasted with responses that stated that it was acceptable for students to start engaging in sexual activities at 16 years old. This survey demonstrated that students do want to receive more information than their sex education is providing – they did mention that they had learned about contraceptives and safe sex methods, but referenced these as things they wished they would have learned more about.

CHAPTER V: DISCUSSION

"It was like reading the powerpoints to study for the test. We were familiar with the material but we were not prepared" Mississippi male.

In this section, I discuss what students learned in sex education and how they understand their sexual health based on it. I then examine student responses regarding their knowledge about sexual assault. I conclude the discussion with a segment on how students view losing their virginity and finally, what the student participants wished they had learned from their sex education.

Fear

After going through student responses, students mentioned fearing disease. They stated that they had learned this from their sex education. A female from Mississippi said, "My school also definitely put fear into the kids lives by showing graphic images and different diseases." She perceived a causative link between what she was shown (graphic images of diseases) and a motive, to scare her away from having sex. Other students referenced fear related to disease as a part of their sex education. Another female from Mississippi said, "This scared me from having sex because of the pictures of STDs and facts about them. I was very careful about who I did what with." Again, the images of diseases made her fearful of sex.

When students were asked about how they learned about sex education, they again referenced fear of disease. A female from Mississippi referenced learning about abstinence in her sex education. "Abstinence. Sex is something that you should not do outside of marriage, and if

you do it you will get STDs." The students consistently associated having sex before marriage with getting a sexually transmitted disease. This not only creates fear of sex, but it also stigmatizes people who may have contracted a disease.

The fear stated in the present survey was connected to diseases and the images that were shown to students in sex education. In a M.A. thesis by Vanessa Parks (2014), she writes the fear men expressed related to having sex. However, the men in her study experienced feared about having sex and the consequence of a partner getting pregnant

What Students Learned

Students in the Deep South felt that their sex education was not complete. A Texas female stated: "Not much was learned in educ[a]tion, maybe just the basics/bare minimum/common knowledge". Similar responses came from other females in the Deep South. One student shared, "I only learned about abstinence in my health class, so I had to rely on friends and family to educate me" and how they "mostly learned about abstinence and std's [*sic*] and less about how to have sex safely."

Abstinence and disease were the top two topics that students identified as subjects that they learned about in sex education. A female from Texas said, "We learned about STDs and STIs and how we would not get them if we practiced abstinence." Another woman from Mississippi said, "I remember briefly going over contraception, but not how to use it. We were told that abstinence was the only way to be sure to avoid pregnancy and STIs. We were shown pictures of severe STI symptoms." However, considering that all the students from the Deep South received abstinence-based sex education, I was surprised to find that only 40.6 percent discussed learning explicitly about abstinence. The same number of students mentioned learning about disease. Teaching both abstinence and disease is the main focus for abstinence-based sex

education classes (Social Security Act 510). However, schools are allowed to discuss more subjects than abstinence and disease in abstinence-based education (Realini, Buzi, Smith and Martinez 2010). Interestingly, a woman from Georgia stated:

> I was taught about sex in [*sic*] from an abstinence approach. So, it was more of an effort of scaring us (the student) away from ever even thinking about sex. The content of my sex education class was heavy on STD's, some contraception and anatomy of the sexual organs, very little to no talk of pleasure.

Contraceptives were the third most common topic raised by students with 33.9 percent of participants out of the 192 who responded to this question mentioning them. As of 2017, Mississippi began utilizing an abstinence-plus sex education program, but previously used an abstinence-only program (Mississippi House Bill 288). Therefore, Mississippi students in this study may not have received the same information about contraceptives in sex education classes when compared to students from other states who had been in abstinence-plus programs. A Louisiana male referenced learning about condoms, but not other types of hormonal birth control: "Just basic things about condoms, stds [*sic*], and how to not have sex." This suggests that this student had received an abstinence-only sex education because he only learned about non-hormonal birth control with a focus on abstinence. A female from Mississippi said, "We breezed through basic knowledge of condoms and STDs and that's about it." The "basic knowledge" in contraceptives comes from information regarding condoms. Another woman from Georgia stated, "One of the few things that I was taught was to use a condom." When asked what contraceptives they learned about, the most common contraceptives included: abstinence (85.1 percent), male condom (79.8 percent), and the birth control pill (73.2 percent). While students learned about some forms of contraceptives, there are many other types, such as the female condom, spermicide, and the diaphragm that could be included in an abstinence-plus sex education class.

When students do not receive full and complete sex education, they do not have the tools to make informed decisions, and could therefore make decisions that are in fact, harmful. The following quote illustrates what a male from Florida learned from friends.

> Abstinence was the main form of birth control we were taught, although many never took this seriously. Most girls I personally know simply would have unprotected sex, and if they felt there was a chance of getting pregnant they would take Plan B.

The man mentions that they were mainly taught about abstinence, but some girls opted for a dangerous substitute when they had sex. Instead of abstinence, they used Plan B (an emergency contraceptive available at pharmacies) as a type of birth control, despite the fact that Plan B is not intended to be used as a regular birth control method (Plan B One Step 2017).

An Illinois woman wrote how she felt about her sex education.

> When I learned about sex education in school, I feel as though we scratched the surface. What I mean by this is that we talked about abstinence and contraceptives, but it was very awkward and sex was perceived as bad. Nobody wanted to go in depth about it because it was 'wrong'. I learned a lot of the in depth topics of sex through my peers, and, unfortunately, through their mistakes. In my friend group, I was one of the last people to experience sex because I was scared, so I learned what not to do from my friends.

Clearly this woman felt as if her sex education was inadequate. This is further emphasized when students were asked what type of safe sex methods they learned from their sex education. Out of 228 respondents, less than half knew of the following safe sex methods: dental dams (40.8 percent), sex toys (17.1 percent), mutual masturbation (28.9 percent), and dry humping (28.1 percent). According to Realini et al. (2010), a common curriculum called Big Decisions does not cover safe sex methods because "Noncoital sexual activities are not recommended as a way to avoid intercourse" (p 316). It is unclear whether other abstinence-based sex education programs are allowed to teach these methods.

Out of the eight states in the Deep South, only in Louisiana can public school teachers not promote religion, which means that students might have received a religious-based view of

same-sex couples. This perspective stigmatizes safe sex methods associated with LGBTQ+ couples (Guttmacher Institute 2017). The dental dam was the most commonly known type of safe sex method. According to the Centers for Disease Control (CDC), a dental dam is a latex sheet that provides a barrier "between the mouth and vagina or anus during oral sex" (CDC 2016). This type of method is commonly advised to be used by same-sex couples to practice safe sex (Richters, Prestage, Schneider, and Clayton 2010). It is unclear as to whether students' lack of knowledge of dental dams may be connected to religious influences in their sex education. But, it is also important to note that homosexual intercourse is not discussed in some states, or it can only be mentioned negatively (Guttmacher Institute 2017).

Students are primarily taught abstinence, which could influence the safe sex options they were taught. The Social Security Act 510 (2017) states that a sex education course "Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems." So, abstinence, narrowly defined in the Social Security Act 510, means no sexual activity whatsoever, even if such activities do not lead to pregnancy or disease. Therefore, any type of sexual activity, even ones that do not result in pregnancy, such as anal and oral sex, cannot be addressed in sex education courses (Social Security Act 510). It appears that receiving information regarding safe sex methods is understood as promoting sexual activity.

Education

Students not only learn about sex and sexual health in school, but they also learn from their environment. For those who argue that parents should be the ones teaching sex education, the survey shows only 58.8 percent of the students received sex education through their parents. Not only do few families engage the subject with their children, when they do, their information

is not always a reliable source of information (Smith 2012). A female student from Texas underscores this point. She felt that she was her only dependable source for sex education. “I had to learn about everything on my own. My parents never gave me a ‘talk’ and my school only talked about abstinence.” Some students did not learn about sex from either their parents or their schools. In these cases, some students, like this woman from Georgia, turned to other sources: “You learn more through experience and from friends and family.” Learning through experience is not going to provide enough medically accurate information. And some students feel that their peers are still a better resource for information: “I feel like I really did not learn very much in class. You pretty much just learn from being around other people your age through school and such!” However, the price of learning through experience rather than a sex education class could be high rates of unwanted pregnancies and the increased spread of sexually transmitted diseases.

Sexual Health and Sexuality

The survey also inquired into how students felt about their sexual health and sexuality. When students were asked what five words best describe sex, the most common emotions were love, joy, and fear. For example, a female from Tennessee used the words “love, trust, commitment, passion, and vulnerability”. The responses for fear were different for many people – it meant that some students were anxious about their first time or that in general, they were scared of sex. An example of love, joy, and fear was provided by a female Texan who associated, “Sentimental, intimate, moderate, cautious, cynical”. Love and joy may be associated with the words sentimental and intimate, and fear from cautious and cynical. Being cautious is not a negative emotion concerning sex, but it is interesting that being cautious is also connected to the word cynical. Another example of fear comes from a Texan woman who said “Hesitant, guilt, angst, fear and judgement”. This woman’s fear might come from judgement and guilt. An

example of fear being associated with nerves comes from a man from Mississippi “Pleasure, satisfaction, excited, anxious, nervous”.

The fear mentioned by students could also be connected to trauma. For example, a male from Mississippi used these words to describe sex “Awkward, PTSD, Emotional, Connection, Introspective”. He used positive words like connection, but the majority of his words referenced fear. Another female also referenced fear in her five words, “Serious, Complicated, Dangerous, Easy, Misunderstood”. She notes that sex is complicated and dangerous. This could reflect previous trauma or negative learned notions about sex. A female from Tennessee only used the two words “Careful, Cautious”. Later on, she writes about her virginity, “Losing my virginity in fact meant nothing to me because I was forced into partaking in sexual favors if not resulting in a few bruises.” Clearly this woman experienced previous trauma due to sexual assault, which impacted how she felt towards sex.

These same question prompted responses from students using their own words, words which could not be easily linked to the emotion wheel categories. The top two were religion and commitment, which illustrate their strong connection to sex. Interestingly, males mentioned religion and commitment more than females, but women connected sex more to love and joy. From the words that students used to define sex, it seemed like students were more focused on committed relationships and love, such as the student who wrote, “love, vulnerability, consent, marriage, happiness”. A man from Mississippi associated these words with sex “want, lust, girl, love, wife”. These five words identify love and wife as important aspects of sex. This is interesting considering the young age at which students felt it was appropriate to begin engaging in sexual activities.

When students were asked what age people should start participating in sexual activities, the most common age was 16 years old and the second most common age was 18 years old. These young ages go against what they were taught in abstinence-based sex education. The point of abstinence-based sex education is to promote abstinence until marriage (Social Security Act 510). But students do not reflect having learned the core values of abstinence-based sex education when they suggest sexual activities should begin at 16 or 18 years old. For example, a woman from Texas talked about when her friends began having sex: "I really don't think there is an appropriate age because if someone wants to engage in sexual activity, that's their choice, but if I had to choose, I would say around 15-16. That's when most people I know started to have sexual experiences." The woman's use of "personal choice" is interesting because it ignores abstinence and the idea of monogamous marriage before engaging in sex (Social Security Act 510). One Alabaman woman even references abstinence in her response, but still states that high school is the appropriate age, "Upperclassmen in high school, however I believe in not having sex before marriage". This study connects to Lieberman and Su's (2012) article in which students delayed intercourse for up to one year but did not abstain permanently. In this case, the students have learned abstinence but still believe it is the student's personal choice as to whether they engage in sexual activity, "most [*sic*] any age as long as they are educated and practicing safe sex". This suggests that abstinence-based sex education may be *learned* by students, *but not adopted by them* even for a year. Ironically for the respondents who claim 16 years old is an appropriate age to begin sex, they are in effect saying that students should have sex if they choose at the very same time they are being taught abstinence only. Therefore, it appears teaching comprehensive safe sex and a full program about contraceptives is necessary in addition to abstinence-plus to meet the goals of the 1996 law.

Sexual Assault

I asked explicit questions about sexual assault, and also received responses mentioning sexual assault in other questions. A female student who knew some, but not all the specifics of what to do if sexually assaulted, said:

> I know that I am supposed to go to an off campus hospital to get a rape kit because Universities try to cover it up so much. I know that I can press charges. I know that I have access to counseling here at Ole Miss. I don't really know the actual process or resources available though.

This illustrates a lack of knowledge about how to use the resources around that may be available. Students mentioned frequently that they would reach out to someone if they were sexually assaulted.

A female Mississippian said, "Talk to someone you trust. See a medical doctor/nurse to ensure your mental and physical health are in good condition. Report the suspect, if you are comfortable." This student mentions going to a doctor, receiving mental help, and reporting the assault. But what is interesting in this comment is, "Report the suspect, *if you are comfortable*" (emphasis my own). The problem here is that the student who is sexually assaulted may never feel comfortable reporting the assault, but they should report it anyway. In this example, the student showed that she knew what to do, but she believed it should only happen if the person who was assaulted was comfortable reporting the crime.

Students also described reaching out to someone after being sexually assaulted. For example, the students understood they should report the assault to the authorities, but they seemed less sure about to whom they should go; since they did not mention either the police or the University. An example of this comes from a Mississippi woman who stated, "I would try not to put myself in that situation in the first place, but if I ever was in this situation, I would immediately assess the situation by reporting it to the authorities." First, the student says they

would try not to put themselves in "that situation," but frequently sexual assaults occur with people the victim already knows (U.S. Department of Justice 2014). Secondly, the student mentions reaching out to the authorities, but she does not specify which authorities and what they are supposed to do.

Unfortunately, there are students who have been sexually assaulted and did not report it. A female student from Mississippi said, "Yes I know, but I have been sexually assaulted. I did not get checked or tell anyone." This is an unfortunate reality for sexual assault victims. Students may have been victimized by sexual assault but have not taken advantage of the resources available to them. According to the Centers for Disease Control (2012), 1 in 5 women and 1 in 71 men have reported being a victim of rape.

Virginity

When looking at the definition of virgin, it is hard to miss how many times women are referenced (Dictionary.com and Merriam-Webster.com). The term is most frequently associated with females despite the fact that both male and females can be virgins. But according to the definition, to be a virgin is not gender neutral, it is heavily defined using feminine pronouns.

In this study, women used the words "virtue or gift" and "loss" more often than men. When asked about virginity, 16.8 percent of women referenced "virtue or gift" and 21.3 percent mentioned "loss". Men mentioned these terms less frequently, with only 8.2 percent referencing "virtue / gift" and 9.8 percent mentioning loss. This illustrates that women felt loss towards their virginity more than men did. A black female describes her virginity "the precious flower that once bloomed will be crumbled up into pieces." The imagery of destruction represents the irrecoverable loss of virginity. A white South Carolina woman said that losing her virginity

would mean that she is “No longer pure”. A black woman from Georgia echoed this thought when she stated that losing her virginity means, “A loss of myself”.

According to the book *Virginity Lost* by Laura M. Carpenter (2005), a gift is symbolic in its “uniqueness, nonrenewability, symbolic import, and status as an extension of the giver’s self” (p 58). Carpenter (2005) finds this definition of gift to be used in how women define their virginity. This definition of virginity also has religious undertones. According to Carpenter (2005) “Christian education programs tend to describe virginity as a gift” (p 182). Given that 96.2 percent of the students identified as being raised in a religious household, it is possible that many students who describe virginity as a gift and grieved its loss have overlaid the value of virginity with Christian values.

What Students Want to Know

The last point of discussion is what students wished they had learned in their sex education. Some students felt they had learned enough from their sex education (19.9 percent), but the rest wanted to know more about contraceptives and pregnancy, which included everything from how to prevent pregnancy to what to do if they were pregnant. The third most common response was “what to do if...” in which students cited wanting to know what to do if they got pregnant, got a disease, and if they were sexually assaulted.

Abstinence-based sex education focuses on teaching students to forego sex and offers limited information about contraceptives. Abstaining from sex and using contraceptives are meant to prevent pregnancy and disease, but they might not teach students what to do if they did get pregnant, get a disease, or were sexually assaulted. Students in the survey mentioned learning about disease, but they did not note learning how to deal with the disease once it is contracted. A

Mississippian offers a clear example of some of the topics students said they wished they had learned more about:

> I wish I had been taught more about how the female body works and matures, how pregnancy works, how contraception works and what different kinds there are, how to get tested for STIs and when/how often to be examined by a doctor, what consent is and how to make your own choices about your body, what to do if you are sexually harassed, abused, or assaulted, how to obtain contraceptives without parent's permission, and how to make informed decisions about my sexual health.

Overall, the students in this survey expressed that they wanted to have a more comprehensive sex education curriculum. Some students even wanted to know about same-sex sexual encounters, although only 9.7 percent of the 228 students mentioned wanting to learn more about this specific subject matter. But, for the Deep South, this was more than expected given the strong influence of religion. Another example of a student who wanted more information came from a woman in Mississippi who stated, "That there is [*sic*] way more forms of sex then just between a man and a woman and just penetration." This is important because the student is openly saying they want more information about all types of sex without the heteronormativity that comes with abstinence-based sex education.

Students also wanted to normalize the notion that having and wanting sex are common human needs, a fact not addressed in their sex education courses. A woman from Florida said "That it is perfectly normal to want to have sex, and that having sex does not make you a crazy. Everyone does it." Since sex is a normal part of life, the students want to know about every aspect, including how to have sex safely. Out of 228 responses, 14 percent of students mentioned wanting to know how to have sex.

Finally, students wanted to learn more about consent (6.3 percent). This seems to go hand-in-hand with students having an incomplete understanding of sexual assault. Repeatedly, in questions where I did not ask about consent, students brought it up. When asked what five words

best describe sex, 28.4 percent of responses mentioned consent and when asked what they would like to know more about, 6.3 percent of students mentioned consent. For example, a male from Texas remarked that he wished to know more about "Contraceptive information, consent information, emotional support methods, safe sex practices, how to have conversations about sex." Likewise, a female from Mississippi said, "I wish they'd taught us more about rape culture and assaults because when I came on to [*sic*] campus that's what we were really bombarded by." Therefore, students want and need to know about consent and sexual assault. According the University of Mississippi's daily crime log from the University Police Department, 22 sexual offenses occurred in 2017 (University of Mississippi Crime Log). Nation-wide, only 20 percent of female victims report their assault to law enforcement (U.S. Department of Justice 2014). Since, according to this study, so few people know what to do if sexually assaulted, it is likely the University numbers do not represent all sexual assaults tied to the campus (U.S. Department of Justice 2014).

Social Construction of Reality

The student responses I received from the survey demonstrate that certain aspects of sexual education have been socially constructed, reified, and passed on to students through schools, families, peers, and religious institutions. This study suggests that institutions may need to re-form ways of teaching sex education by partnering with not only schools, but religious and community workers who may not agree with all aspects of comprehensive sex education, but might be interested in communicating fuller, more medically accurate information for youth. It might be that members of religious organizations create their own sex education programs outside of the traditional beliefs of the religious organization in order to help youth protect against sexually transmitted diseases or unintended pregnancies.

This study also provides policy makers, lawmakers, school districts, and religious institutions a tool to reshape their sex education programs and thereby, reconstruct out social realities. By looking at the economic costs of unintended pregnancies and the results of this study, it shows that students receive but do not use abstinence-based sex education. This might motivate state and federal lawmakers to promote a more comprehensive sex education, if only to reduce or better use local, state, and federal costs.

Limitations and Ethical Concerns

There were four main limitations associated with this study. The first limitation was the time I had available to access students. Administering this survey to other introductory courses would increase my sample size, but the time and scope of this project did not make that a feasible option. I administered the survey the week prior to finals week, which gave me limited time to collect data.

The second limitation is in regard to my fourth research question which asks: how effective is abstinence-only sex education according to students? I answered the fourth research question, but not in the way I had anticipated. I say this because I was not able to trace the responses back to the county level because students misread and therefore, answered the question incorrectly. This prevented me from knowing if the students had received abstinence-only or abstinence-plus sex education. But, I was able to answer the effectiveness of abstinence-based sex education because all students received some form of it.

The third limitation is connected to the sexual assault variable. The inductive responses that I used could have been checked for accuracy by using more direct questions asking students about sexual assault. This way I could test whether the measure is an accurate representation of students' knowledge.

The fourth limitation is in regard to where the students learned about their sex education. In Figure 3, there are two categories “parents” and “family”, but these terms should have been written with more precise language. Instead of those two categories I could have used “parents”, “siblings”, and “other family members”. These choices would have made it clearer where students learned about their sex education.

The ethical concerns related to this study was the topic and nature of sex education. There was a chance that some students may have felt uncomfortable discussing sex education on a survey even though I did everything I could to give the respondents privacy. Also, students had permission to opt-out of answering certain questions or to opt-out of the survey at any time.

Recommendations for Future Research

Future research about abstinence-based sex education should collect county level data, since county level data would allow for a more in-depth analysis of curriculums. This would allow the researcher to understand where which type of abstinence-based sex education students were taught; and it would enable policy makers and educators to assess the effectiveness of these sex education programs against the goal of reducing unwanted pregnancy rates, for example. So, county level data would allow for a more in-depth analysis on the level that the education is occurring.

I would also ask students more specific questions about what they mean by terms such as intercourse. When reading through responses, it was difficult to ascertain if students meant vaginal sex, anal sex, oral sex, or all of those three combined. By asking more specific queries, researchers might better understand how students’ view their sexual experiences.

CHAPTER VI: CONCLUSION

In 2001 when Dr. David Satcher, the U.S. Surgeon General, wrote his "Call to Action", he had concerns about abstinence-based sex education programs. In it, Dr. Satcher (2001) stated he wanted to "promote sexual health and responsible sexual behavior" (p. 2). Now, 17 years later, the federal government is still funding abstinence-based sex education. Students are learning information regarding abstinence and various diseases, but overall students stated they want more from their sex education.

Research on sex education has been done by sociologists, but it is limited. Too often researchers ask lawmakers and parents how they think sex education should be taught to students – but I went directly to students. The literature demonstrates that the lessons taught from abstinence-based sex education are heteronormative and do not include enough information about practicing safe sex. Different from others, my research asks students who have recently had sex education what they remember learning and what they wished they had learned, as well as about important contemporary social topics (i.e. Gay rights, sexual assault).

Dr. Satcher suspected that abstinence-based sex education programs were inadequate and would disproportionately harm people who already suffered social inequalities greatest. My study provides empirical social scientific evidence that supports some parts of his hunch, that is, that these programs have large gaps. By evaluating the student's experiences in relationship to the federal guidelines outlined in the literature review, I learned that students still do not know enough about key issues related to sex education. Many do not know how to obtain

contraceptives or how to use them, they want to know more about safe sex, what to do if they are assaulted and what constitutes consent. Through this study, I gained an understanding about what information was lacking and therefore, hints about how to build a more comprehensive sex education program. Having a comprehensive sex education program is imperative for students and adults to be able to make informed decisions about their sexual health and the sexual activities they may or may not choose to engage in. A holistic sex education program is essential for public health in the Deep South, as well as nationally, and the education regarding sex has implications for future generations. Based on this study, it is evident that students do not feel they have received adequate information and are forced to go outside of the classroom to get the information. This study demonstrates the importance for state governments, school districts, parents, teachers, and the students themselves, to acknowledge the shortcomings occurring in sex education programs in the Deep South, and further the public discourse on how to provide a more comprehensive sex education experience for the safety and health of future students.

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LIST OF APPENDICES

APPENDIX A: SCRIPTS

Dear [Professor's Name],

My name is Heather Costa-Greger. I am a sociology graduate student in the Department of Sociology and Anthropology. I am conducting research on the effectiveness and perceptions of sex education in the Deep South.

I would like to ask students in your introductory courses to participate in my survey. It should take roughly 15 minutes of their time. I plan to start collecting data during November until the second week of December.

I plan on collecting students' identification numbers and email address so, if you wish to give extra credit or another incentive in your class, I can send a report of participants in your class after the second week of December, should you request one by the Monday of the last week of classes. If you decide to give extra credit points to students who participate in my study, IRB requires an alternative assignment worth equal extra credit points for non-participants. While I will be collecting this information initially, the students' personal information will not be used in any other part of my research and analysis; once information has been sent to you, all records will be deleted.

If you wish to have your students participate in this study, please let me know as soon as possible so we can arrange a time for me to speak to your students in class.

I appreciate your assistance in recruiting participants for my study. If you have any questions please email me.

Thank you for your time,

Heather Costa-Greger
The University of Mississippi
Graduate Student | Department of Sociology and Anthropology
hgreger@go.olemiss.edu

Dear Students,

My name is Heather Costa-Greger. I am a sociology graduate student in the Department of Sociology and Anthropology. I am conducting research on the effectiveness and perceptions of sex education in the Deep South.

I am asking that you take roughly 15 minutes of your time to participate in this survey. I will be collecting survey responses from November until the second week of December.

I will be collecting your student identification number and email address so I can provide your Professor's with participant information. Your class is **Sociology 101 X**. Please write this section number down if you think you may wish to participate in the survey. Without it, I will not be able to verify your participation. While I will be collecting this information initially, your personal information will not be used in any other part of my research and analysis; once your information has been sent, all records will be deleted.

This survey is completely voluntary and you may quit at any time.

If you wish to participate in this study, please click the link below:

[Survey Link]

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Thank you for your time,

Heather Costa-Greger
The University of Mississippi
Graduate Student | Department of Sociology and Anthropology
hgreger@go.olemiss.edu

Hello, my name is Heather Costa-Greger. I am a sociology graduate student in the Department of Sociology and Anthropology. I am conducting research on the effectiveness and perceptions of sex education in the Deep South.

I would like to ask the students in this sociology introductory course to participate in my survey. There will be open-ended questions throughout the survey, I encourage you to take your time and write as much as you can. It will take roughly 15 minutes to complete. I plan to start collecting data during November until the second week of December.

I will be collecting your student identification number and email address so I can provide your Professor's with participant information. Your class is **Sociology 101 X**. Please write this section number down if you think you may wish to participate in the survey. Without it, I will not be able to verify for your professor that you indeed earned the extra credit. While I will be collecting this information initially, your personal information will not be used in any other part of my research and analysis; once your information has been sent, all records will be deleted.

This survey is completely voluntary and you may quit at any time.

If you wish to participate in this study, I will send you a follow up email that will include the link to the survey.

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Thank you for your time.

APPENDIX B: SURVEY

The Purpose of This Study

I want to know about your sex education experience, what you remember being taught, and what you wish you would have been taught.

What You Will Do for This Study

You will take a survey that will include questions about your demographic information and your sex education experiences. There will also be some guided open-ended questions. Please take your time and write as much as possible.

Questions About Survey

If there are any questions or concerns please feel free to contact me.

Thank you for your help!

Heather Costa-Greger
Department of Sociology and Anthropology
hgreger@go.olemiss.edu

Who Can Participate

You must be 18 years of age or older to participate in this project. Otherwise, any student at the University of Mississippi is welcome.

Risks and Benefits

I understand that talking and writing about sex education can be an uncomfortable experience, However, I encourage you to take your time, think through your answers, and be as honest as possible.

Costs and Payments

The total time for this survey is around 20 minutes. There are 46 questions that ask about your demographic information and your sex education experiences. There will also be guided open-ended questions, please take your time, write as much as possible, and be as honest as you can.

If you participate as part of a class, you may receive extra credit at the discretion of your instructor.

Your Rights

You are not obligated to participate in this survey. If you decide to opt out of this survey, your instructor may offer you an alternative extra credit assignment.

Whenever students are involved in a research project, special protections apply to make sure students don't feel coerced to participate. If you feel pressure from your instructor, please contact the UM Institutional Review Board (IRB) by phone (662 915 7482) or email (irb@olemiss.edu). You will remain anonymous in any investigation.

Withdrawing from the project, or declining to participate in the first place, will not affect your standing with the Department of Sociology and Anthropology, or with the University of Mississippi (or your own institution if you're a student elsewhere), and it won't cause you to lose any benefits to which you are otherwise entitled.

IRB Approval

This study has been reviewed by the University of Mississippi Institutional Review Board (IRB). The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a participant of this research project, please contact the IRB at 662 915 7482

Statement of Consent

I have read the above information.
I am 18 years of age or older.
I have had a chance to ask questions and receive answers.
The data for this study will be kept strictly confidential and in password protected files at all times. All identifying data, such as your student id number will be kept separately from the rest of the survey and will be removed as soon as your professor has been notified about your participation in the study so that you can receive extra credit for participating.

By checking this box you are given the equivalent of your written consent to participate in this study.
(Check Box)
I understand that by giving my email address and student identification number below, I am consenting to participate in this project.

Email Address: _____

Student Identification Number: _____

Sociology 101 Section Number
(Drop Down Menu)
- Section 1-15

1. How would you describe your sex/gender?
   - Female
   - Male
   - Transgender Female

- Transgender Male
- Gender Variant/Non-Conforming
- Prefer not to say
- Other: _____

2. How would you describe your sexuality?
    - Heterosexual
    - Lesbian
    - Gay
    - Bisexual
    - Asexual
    - Demisexual
    - Pansexual
    - Queer
    - Other: _____
    - Prefer not to say

3. How would you describe your race? Select all that apply.
    - Black or African American
    - Asian
    - Hispanic
    - Latino
    - Spanish Origin
    - American Indian or Alaska Native
    - Middle Eastern or North African
    - Native Hawaiian or Other Pacific Islander
    - White

4. Age?
    - 18-24
    - 25-34
    - 35-49
    - 50-64
    - 65+
5. Undergraduate Major
   _____

6. Class standing?
    - Freshman
    - Sophomore
    - Junior
    - Senior
7. Marital status?
    - Single (never married)
    - Married, or in a domestic partnership
    - Life Partner

- Widowed
- Divorced
- Separated

8. Where did you go to high school?
   (Drop Down Menu of All States)

9. What county did you grow up in?
   _____
10. What school district did you go to school in?
    _____
11. What was the name of your high school?
    _____

12. Primary language at home?
    _____

13. Religious household? If so, what religion?
    - No
    - Yes: _____

14. High school education?
    - Public
    - Private
    - Homeschool

15. If you went to a private high school, was it religious? If so, what religion?
    (Drop-down menu)
    - Methodist
    - Baptist
    - Presbyterian
    - Episcopal
    - Lutheran
    - Catholic
    - Jewish
    - Muslim

16. Has religion influenced how you view sexuality? If so, how?
    _____

17. Did your sex education class teach you about contraceptives?
    - Yes
    - No

18. Identify the contraceptives you learned about. Check all that apply.
    - Abstinence
    - Birth Control Implant
    - Birth Control Patch
    - Birth Control Pill
    - Birth Control Shot
    - Birth Control Vaginal Ring
    - Cervical Cap
    - Diaphragm
    - Female Condoms
    - Intrauterine Device – IUD
    - Male Condoms
    - Spermicide
    - Withdrawal (Pull Out Method)

19. Did you learn how to obtain and purchase contraceptives?
    - Yes
    - No

20. Did you learn how to use contraceptives?
    - Yes
    - No

21. Can you get pregnant the first time you have sex?
    - Yes
    - No

22. Identify the safe sex methods you learned about in your sex education classes. Check all that apply.
    - Dental Dams – Oral Sex
    - Sex Toys
    - Mutual Masturbation
    - Dry Humping

23. Did your sex education teach about homosexuality and/or same-sex activities as normal sexual behavior?
    - Yes
    - No

24. I feel that the information I learned in school was appropriate for my age at the time.
    - Strongly Agree
    - Agree
    - Somewhat Agree
    - Neither Agree nor Disagree
    - Somewhat Disagree

- Disagree
- Strongly Disagree

25. What age do you think is appropriate to start teaching formal sex education in school?
    - Under 10
    - 11-14
    - 15-17
    - 18-24

26. At what age do you believe it is appropriate for someone to start engaging in sexual activities?
    _____

27. Do you believe contraceptives are important?
    - Yes
    - No

28. Do you believe abstinence is important?
    - Yes
    - No

29. How does what you were taught about sex differ from what you know?
    _____

30. If not in sex education class. where did you learn about sex? Check all that apply.
    - Parents
    - Magazines
    - Internet
    - Friends
    - Family
    - Church
    - School
    - Books
    - YouTube
    - Blogs
    - Other: _____

31. What does sex mean to you? What sex acts are included in your definition of sex?
    _____

32. Is sex only that which gets a woman pregnant?
    - Yes
    - No

33. What does sexual assault mean to you?

_____

34. Are LGBTQ people also vulnerable to sexual assault?
_____

35. Do you feel your sex education class taught you enough about contraceptives?
    - Yes
    - No

36. Do you feel your sex education class taught you enough about safe sex?
    - Yes
    - No

37. Do you feel your sex education class taught you enough about STDs/STIs?
    - Yes
    - No

38. Do you feel your sex education class taught you enough about same sex sexual activities?
    - Yes
    - No

39. Do you feel your sex education class taught you enough about sexual assault?
    - Yes
    - No

40. Who can be sexually assaulted?
    - Men
    - Women
    - Both

41. Do you know what to do if you are sexually assaulted? Explain.
_____

42. What five words best describe your attitudes towards sex?
_____

43. What does losing your virginity mean to you?
_____

44. How would you describe what you learned in your health/sex education classes?
_____

45. How did your sex education/health class influence or change your sexual behaviors and habits? Please explain and give an example.
_____

46. What did you learn about your body, contraception, disease prevention, etc. that has helped you to make good choices about sex and your sexual health?
    _____

47. What do you wish you had been taught?
    _____

Thank you for your time!

APPENDIX C: TABLES

Table 14. Percentage of Students Who Learned About Contraceptives

Did you learn how to obtain and purchase contraceptives?	Female	Male	Total
Yes	53.4	63.5	56.2
No	46.6	36.5	44.2
Did you learn how to use contraceptives?			
Yes	55.8	63.5	58.0
No	44.2	36.5	42.0

Table includes percentages of students who learned about contraceptives in their sex education class. N=226.
Source: Survey, 2017

Table 15. Who Can be Sexually Assaulted?

Sex / Gender	Women	Men	Total
Men	0.6% (1)	0.0% (0)	0.4% (1)
Women	1.2% (2)	0.0% (0)	0.9% (2)
Both	98.1% (159)	100% (63)	98.7% (222)
Total	100.0% (162)	100.0% (63)	100.0% (225)

Table includes a comparison between female and male responses. N = 225.
Number in parentheses are total students that mentioned topic.

Table 16. Do You Believe Contraceptives are Important?

	Female	Male	Total
Yes	162	63	225
No	1	0	1
Total	163	63	226

Table includes number of total responses. N= 226
Source: Survey, 2017

Table 17. Do You Believe Abstinence is Important?

	Female	Male	Total
Yes	118	37	155
No	44	26	70
Total	162	63	225

Table includes number of total responses. N= 225
Source: Survey, 2017

Table 18. Did Your Sex Education Teach about Homosexuality and/or Same-sex Activities as Normal Sexual Behavior?

	Alabama	Florida	Georgia	Louisiana	Mississippi	South Carolina	Tennessee	Texas	Total
No	7	5	14	7	121	2	11	23	190
Yes	4	3	1	1	17	0	2	5	33
Total	11	8	15	8	138	2	13	28	223

Table includes number of total responses. N= 223
Source: Survey, 2017

Table 19. What Does Virginity Mean to You?

	Percent Female Respondents	Percent Male Respondents	Total Respondents
Love	16.8	3.3	13.0
Commitment	14.8	8.2	13.0
Virtue / Gift	16.8	8.2	14.4
Loss	21.3	9.8	18.1
Pressure	1.9	3.3	2.3
Religion	1.9	1.6	1.9
Significant	34.2	27.9	32.4
Indifferent	8.4	24.6	13.0
Adulthood	6.5	9.8	7.4

Table includes percentage of total responses by sex / gender in Deep South.
N= 216.
Source: Survey, 2017

Table 20. What Does Virginity Mean to You?

	Valid Percent Deep South
Love	13.0
Commitment	13.0
Virtue / Gift	14.4
Loss	18.1
Pressure	2.3
Religion	1.9
Significant	32.4
Indifferent	13.0
Adulthood	7.4

Table includes percentage of total responses by region. N= 228.
Source: Survey, 2017

VITA

EDUCATION

University of Mississippi
M.A. Sociology — Present – 2018

Oregon State University
B.S. Cultural Anthropology — 2015

Modesto Junior College
Focus in Business - Accounting — 2012

AREAS OF SPECIALIZATION

Sex Education, Sexuality, Gender, and Mixed Methods.

AWARDS

Graduated with Honor's through Phi Kappa Phi

TEACHING EXPERIENCE

Teaching Assistant – to Dr. McDowell — 2018
Graded exams, graded assignments, met with students upon request, and participated in research.

Teaching Assistant – to Dr. Oh — 2017
Graded exams, graded assignments, and met with students upon request.

Student Teaching Course — 2017
Developed a syllabus, learned types of pedagogy, and taught a class.

Teaching Assistant – to Dr. Jackson — 2016
Graded exams, attended class, and met with students upon request.

RELATED EXPERIENCE

Data Entry
University of Mississippi – Dr. Centellas — 2017
Entering data of past elections in Bolivia.

Race Diaries
University of Mississippi – Sociology Department — 2016 – 2017

Coded diaries about race on campus by students from University of Mississippi.